

|                  |   |  |   |  |  |  |   |  |  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|------------------|---|--|---|--|--|--|---|--|--|--|--|----------|--|--|---|--|---|--|--|--|------------------------|--|
| ADMINISTRATIVE   | OBTS NUMBER   |  | ARREST/NOTICE TO APPEAR<br>Juvenile Referral Report   |  |  |  | 1. Arrest<br>2. N.T.A.  |  | 3. Request for Warrant<br>4. Request for Capias  |  | 3  | Juvenile | No   |  |   |  |   |  |  |  |                        |  |
|                  | Agency ORI Number<br>FL0501700  |  | Agency Name<br>Jupiter Police Department  |  |  |  | Agency Report Number<br>54-19-000827                                    |  |  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Charge Type:<br>Check as many as apply<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony  |  | <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor           |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                         |  | Weapons Seized/Type<br>1. Yes<br>2. No                                  |  |  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Location of Arrest (Including Name of Business)   |  |   |  | Location of Offense (Business Name/Address)<br>Orchids of Asia 103 S US Hwy 1 C2 Jupiter, FL 33477 |  |   |  | Date of Offense<br>1/20/2019   |  |  |          |  |  |   |  |   |  |  |  |                        |  |
| DEFENDANT        | Date of Arrest  |  | Time of Arrest  |  | Booking Date   |  | Booking Time  |  | Jail Date  |  | Jail Time  |          | Fingerprinted By:<br><input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal |  |   |  |   |  |  |  |                        |  |
|                  | Location of Vehicle   |  |   |  | Other Local Number   |  | FDLE Number   |  | DOC Number   |  | FBI Number   |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Name (Last, First Middle)<br>Babin, Jeffrey W.  |  |   |  |  |  |   |  |  |  | Alias (Name, DOB, Soc. Sec. #, Etc.)   |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Race<br>W - White<br>B - Black  |  | Sex<br>W M  |  | Date of Birth<br>4/20/1954   |  | Height<br>6' 00"  |  | Weight<br>215  |  | Eye Color<br>Brown   |          | Hair Color<br>Gray   |  | Complexion  |  | Build<br>Med  |  |  |  |                        |  |
| CO-DEF.          | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |  |   |  |  |  |   |  |  |  | Marital Status   |          | Religion   |  | Indication of:<br>Alcohol Influence<br>Drug Influence |  | Y N Un.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |  |  |                        |  |
|                  | Local Address (Street, Apt. Number)<br>16647 Hidden Cove Dr.  |  |   |  | (City)<br>Jupiter  |  | (State)<br>FL   |  | (Zip)<br>33477   |  | Phone<br>( )   |          | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State   |  |   |  |   |  |  |  |                        |  |
|                  | Permanent Address (Street, Apt. Number)<br>24700 Hilltop Dr.  |  |   |  | (City)<br>Beachwood  |  | (State)<br>OH   |  | (Zip)<br>44122   |  | Phone<br>( )   |          | Address Source<br>OH Driver's License  |  |   |  |   |  |  |  |                        |  |
|                  | Business Address (Name, Street)   |  |   |  | (City)   |  | (State)   |  | (Zip)  |  | Phone<br>( )   |          | Occupation   |  |   |  |   |  |  |  |                        |  |
| JUVENILE         | D/L Number<br>RP991164  |  | D/L State<br>OH   |  | Soc. Sec. Number   |  | INS Number  |  | Place of Birth<br>unk  |  | Citizenship<br>US  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Co-Defendant Name (Last, First, Middle)   |  |   |  | Race   |  | Sex   |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |          | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile        |  |   |  |   |  |  |  |                        |  |
|                  | Co-Defendant Name (Last, First, Middle)   |  |   |  | Race   |  | Sex   |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |          | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile        |  |   |  |   |  |  |  |                        |  |
|                  | <input type="checkbox"/> 1. Parent<br><input type="checkbox"/> 2. Legal Custodian<br><input type="checkbox"/> 3. Other:   |  | Name (Last, First, Middle)  |  |  |  |   |  |  |  |  |          | Residence Phone<br>( )   |  |   |  |   |  |  |  |                        |  |
| CODE             | Address (Street, Apt. Number)   |  | (City)  |  | (State)  |  | (Zip)   |  | Business Phone<br>( )  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Notified By: (Name)   |  |   |  | Date   |  | Time  |  | Juvenile Disposition<br>1. Handled/Processed within<br>Dept. and Released<br>2. TOT HRS/DCF<br>3. Incarcerated |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Released To: (Name)   |  |   |  | Relationship   |  |   |  | Date   |  | Time   |          |  |  |   |  |   |  |  |  |                        |  |
|                  | The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address:<br>Yes, by: (Name) No: (Reason)  |  |   |  |  |  |   |  |  |  | School Attended  |          | Grade  |  |   |  |   |  |  |  |                        |  |
| CHARGE           | Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Description of Property   |  |  |  |   |  | Value of Property  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Activity<br>N. N/A<br>P. Possess  |  | S. Sell<br>B. Buy<br>T. Traffic   |  | R. Smuggle<br>D. Deliver<br>E. Use   |  | K. Dispense/Distribute<br>Distribute                                    |  | M. Manufacture<br>Produce/<br>Cultivate  |  | Z. Other   |          | Type<br>N. N/A<br>A. Amphetamine   |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin             |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                                    |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic |  | U. Unknown<br>Z. Other |  |
|                  | Charge Description<br>Soliciting Another to Commit Prostitution   |  |   |  | Counts<br>1  |  | <input checked="" type="checkbox"/> FSS<br><input type="checkbox"/> ORD |  | Statute Violation Number<br>796.07(5)(a)(1)  |  |  |          | Violation of ORD #   |  |   |  |   |  |  |  |                        |  |
|                  | Activity<br>N   |  | Drug Type<br>N  |  | Amount/Unit  |  | Offense #<br>19-000827  |  | Warrant/Capias Number  |  |  |          | Bond   |  |   |  |   |  |  |  |                        |  |
| CHARGE           | Charge Description  |  |   |  | Counts   |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number   |  |  |          | Violation of ORD #   |  |   |  |   |  |  |  |                        |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit  |  | Offense #   |  | Warrant/Capias Number  |  |  |          | Bond   |  |   |  |   |  |  |  |                        |  |
|                  | Charge Description  |  |   |  | Counts   |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number   |  |  |          | Violation of ORD #   |  |   |  |   |  |  |  |                        |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit  |  | Offense #   |  | Warrant/Capias Number  |  |  |          | Bond   |  |   |  |   |  |  |  |                        |  |
| CHARGE           | Charge Description  |  |   |  | Counts   |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number   |  |  |          | Violation of ORD #   |  |   |  |   |  |  |  |                        |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit  |  | Offense #   |  | Warrant/Capias Number  |  |  |          | Bond   |  |   |  |   |  |  |  |                        |  |
|                  | Charge Description  |  |   |  | Counts   |  | <input type="checkbox"/> FSS<br><input type="checkbox"/> ORD            |  | Statute Violation Number   |  |  |          | Violation of ORD #   |  |   |  |   |  |  |  |                        |  |
|                  | Activity  |  | Drug Type   |  | Amount/Unit  |  | Offense #   |  | Warrant/Capias Number  |  |  |          | Bond   |  |   |  |   |  |  |  |                        |  |
| NOTICE TO APPEAR | <input checked="" type="checkbox"/> Instruction No. 1<br>Mandatory Appearance in Court  |  | Location (Court, Room Number, Address)<br>North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410 |  |  |  |   |  |  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Court Date and Time<br>Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.  |  |   |  |  |  |   |  |  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. |  |   |  |  |  |   |  |  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | Signature of Defendant (or Juvenile and Parent/Custodian)   |  |   |  |  |  |   |  |  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
| ADMIN            | HOLD for other Agency<br>Name:  |  | Signature of Arresting Officer<br>X [Signature]   |  |  |  | Date Signed<br>Name Verification (Printed by Prisoner)<br>(PRINT)       |  |  |  |  |          |  |  |   |  |   |  |  |  |                        |  |
|                  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal   |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                                     |  | Name of Arresting Officer (Print)<br>Det. A. Sharp #412  |  |   |  | I.D.#  |  |  |          | PAGE   |  |   |  |   |  |  |  |                        |  |
|                  | Intake Deputy<br>I.D.#  |  | Pouch #   |  | Transporting Officer<br>I.D.#  |  |   |  | Agency   |  |  |          | Witness here if subject signed with an "X"   |  |   |  |   |  |  |  |                        |  |
|                  | 1 OF 1  |  |   |  |  |  |   |  |  |  |  |          |  |  |   |  |   |  |  |  |                        |  |

DISTRIBUTION: COURT - 1 COPY STATE ATTORNEY - 1 COPY AGENCY - 2 COPIES DEFENDANT - 1 COPY

